



Letter to the Editor

A rose by any other name



Dear Editor

I read with interest the article “Forensic physicians and written evidence: Witness statements v. expert reports” (Journal of Forensic and Legal Medicine 22 (2014) 93–98). The authors state “...the work aspires to assist forensic physicians undertake those responsibilities [the preparation of written evidence and the giving of oral evidence] on a more informed footing”.

I cannot understand how a doctor can be styled “forensic physician” and accepted as such by the judiciary in criminal courts without appropriate training in clinical forensic medicine, which I believe should indicate prior knowledge and understanding of most of the information in the article.

Years ago, before formal training was generally available, doctors giving evidence of fact resulting from their work as “police surgeons” aka “forensic medical examiners” i.e., professional witnesses for the prosecution, were treated as such, but nevertheless were asked for and gave professional opinions, which could be and very often were, challenged by defence counsel, usually in an attempt to convince the court that the gravitas, or more pointedly, the lack of gravitas, of the givers of such opinions was such that their contribution to a jury’s verdict should be absent or at most minimal.

It is some years since I gave evidence on behalf of the Crown as a professional witness, but I clearly remember the importance of foreseeing pitfalls, in particular, writing anything in a s.9 Statement or saying anything in oral evidence, that I could not fully substantiate. Having given expert written and oral evidence in the criminal courts for several decades, I am aware of the tightening up of the distinction between professional and expert witnesses, as, for example, sexual offences examiners, thus styled, do not give opinions to the courts and do indeed restrict themselves to facts they have personally observed, leaving the opinions to more senior, more experienced and more qualified colleagues.

Having said that, although any doctor without appropriate post-graduate training and a clinical forensic medicine qualification, should not be favoured with the title of “forensic physician”, the evidential gravitas of those who do possess such assets should clearly be recognised when giving either professional or expert evidence to the criminal courts. Moreover, the possession of a higher qualification in clinical forensic medicine (such as are available from the RCP’s Faculty of Forensic and Legal Medicine) should be a *sine qua non* in assessing suitability for recognition of specialist status and acceptability as an expert witness, with all its diminishing privileges and increasing responsibilities.

Standing in the way of such progress is the farcical failure of UK medical academia to recognise that clinical forensic medicine really is a speciality, and an important one at that, not just a hotch-potch of bits of recognised specialities and subspecialities. The arguments about this have been going on for far too long, but with the Faculty the requisite infrastructure is now securely in place and the nonsense should stop.

Conflict of interest

None to declare.

Neville Davis*

67 Hove Park Road, Hove BN3 6LL, United Kingdom

*Tel.: +44 (0)1273 506940, +44 (0) 7702156222 (mobile)

E-mail address: dr_no@med-leg.org.

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